2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000850 1. Entity Name PLEDGED PROPERTY I LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business / Joh 335 MADISON AVENUE, 2000 FLOOR NEW YORK NY 10017 Mailing Address 335 MADISON AVENUE, 2000 FLOOR NEW YORK NY 10017-460					00 JUL 10 AM 9: 25			
2. Principal Place of Business 3. M		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		13-3897606		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Nam	e and Address of New Registered	Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Name Street A	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301			City	City FL Zip Code				
		Make Check Pa	OW!!! FEE IS \$ yable to Depart		600003327 -07/18/000 ****400.00	10860 *****	109	
9.	MANAGING MEMI		10.		ADDITIONS/CHANGE		Addition	
TITLE WAME STREET ADDRESS CITY-ST-ZIP	MGRM CREDIT-BASED ASSET SERVICI 335 MADISON AVENUE, 20TH F NEW YORK NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CFTY-ST-ZIP		☐ Odets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZLP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
indicatéd	certify that the information supplied will on this report is true and accurate and billity company or the receiver or trusten CREDIT-BASED AS	d that my signature shall have	the same legal effe	ct as if made unde	r oath: that I am a managing memb	ertify that the interior or manage	nformation or of the	

STURE REQUIRED, BRUCE WILLIAMS, CEO/MES. 6/18/00

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: